ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Clarian Health Partners

City: Indianapolis County: Marion Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	6	168	1,383	\$19,286
Cardiac Intensive	35	176	1,675	\$28,741
ICU Med/Surg	96	1,134	17,978	\$47,416
ICU Neonatal	76	718	14,818	\$69,768
ICU Pediatric	54	405	5,048	\$59,553
Medical/Surgical	719	34,622	222,546	\$4,790
Neonatal Intermed	10	111	3,556	\$31,182
Obstetrics	92	6,200	20,308	\$3,471
Pediatric	194	7,831	58,369	\$6,565

Psychiatric	46	1,141	10,551	\$7,858
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	1,327	52,506	356,232	NA
Normal Newborn	45	4,058	8,894	\$219

II. Outpatient Visits				
Circulatory System	40,366	Digestive System	30,798	
Endocrine System	66,081	Injuries and Poison	38,966	
Mental Disorder	10,586	Musculoskeletal	66,544	
Neoplasms	56,329	Nervous	41,062	
Respiratory	29,780	Urinary	45,244	
Other/Unknown	268,522	Total Visits	694,278	
Number of Visits to Emerger	90,002			
Percent of Emergency Department Visits of Total Visits			13.0%	

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Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractice Service
Y - CT Scanner	Y - Dental Service	Y - Dietetic Service
Y - Extracorporeal Lithotripter	Y - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	Y - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Opthalmic Surgery	N - Optometric Service	Y - Organ Bank
Y - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
Y - Psychiatric Emergency	Y - Psychiatric Child	N - Psychiatric Forensic
Y - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
Y - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
N - Surgical Outpatient	Y - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

<u>Health Care Regulatory Services</u>

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